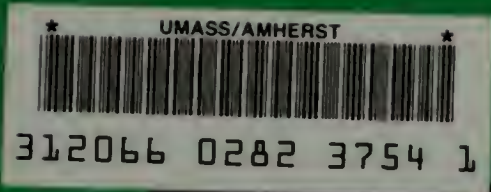


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SERVICES FOR TEEN PARENTS
AND THEIR CHILDREN
EVALUATION RESULTS
SEPTEMBER, 1988

MASSACHUSETTS
DEPARTMENT OF SOCIAL SERVICES
EXECUTIVE OFFICE OF HUMAN SERVICES
SEPTEMBER 1988

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Great Brook Valley Comprehensive Child Care Services (Teen Care)

Health Information Services (Sunshine Space/Teen Day Care Services)

The Community Adolescent Resource and Education Center (Care)

South Shore Educational Collaborative

Family Day Care, Inc.

Cambridge/Somerville Catholic Charities (ALPHA)

SERVICES FOR TEEN PARENTS AND THEIR CHILDREN
EVALUATION RESULTS - SEPTEMBER, 1988

I. INTRODUCTION

In January, 1983, in response to an increasing teen birth rate, the Massachusetts Legislature funded programs to provide social services to pregnant and parenting teens under the Department of Social Services' (DSS) Young Parents Initiative, at which time ten Young Parents Programs were initiated. In 1987, to further enrich service delivery to this teen population, DSS funded 17 programs to provide Services for Teen Parents and their Children (STPC). These programs offer both social services for adolescent parents and day care services for their children.

In June of 1988, in anticipation of an expansion of services in FY89, DSS conducted a pilot survey of various models of Services for Teen Parents and their Children. This report summarizes the six STPC programs which constituted the sample for this survey. The sample includes programs which began as day care programs and expanded to include social services, as well as programs which began as Young Parents (social service) programs and added a day care component. The intent of the evaluation was not to judge the quality of the programs, but to get an overview of the various models, the strengths of their components, and concerns as perceived by administration, staff, and teen participants.

Program Models The sample of six programs (see Table 1) was selected from a statewide total of seventeen DSS-contracted STPC programs. They represent three models of service delivery: school-based, center-based, and family day care systems.

- School-based programs are day care centers located within public high schools and may serve teens from several communities.
- Center-based programs may be "free-standing" or located in multi-service centers, community service agencies, or health clinics. Some of these programs offer teens the opportunity to attend high school or G.E.D. classes on the same premises as the day care center.
- Family Day Care systems are a network of OFC-registered, family day care homes administered by a central agency which provides training and support services.

DSS Central Office staff conducted site visits and interviews during June of 1988. This report contains information gathered from interviews with Administrative Directors, Social

Services Staff, Day Care Teachers, and Teen Parent Participants. Since program models and the sizes of programs vary, the personnel interviewed had different job titles and an array of responsibilities. Interviewees had all been associated with their agency for a minimum of six months. To supplement the interviews, written program policies, procedures, typical daily schedules, and information on lead paint screening were collected. Interviewers received a tour of the day care facility and, in some cases, the entire agency.

Administrative interviews involved two Executive Directors, two Program Directors, one Day Care Director, and one Coordinator of the teen parents program. One Executive Director is directly responsible for program administration, public relations, fiscal management, working with the Board of Directors, and fund raising. The other Executive Director oversees the administration of the larger social services parent organization. The Coordinator handles the planning, coordination, and execution of all STPC activities. The Day Care Director is responsible for professional recruitment, screening, staff and provider training, OFC licensing, and staff scheduling. Both of the Program Directors have supervisory responsibility over direct service staff. Due to DSS staff and time constraints, modified (less detailed) administrative interviews were conducted with two programs.

The six day care staff interviewed had worked for their respective agencies for varying lengths of time ranging from eight months to three years. Four of the day care staff assumed direct supervisory responsibilities; three supervised teaching staff and one supervised three day care provider homes. The remaining two had teaching responsibilities only.

Four social service staff with different job titles were interviewed. They included Case Manager, Adolescent Counselor, Placement Counselor, and Nurse/Counselor. At the fifth program, the Administrator spoke on behalf of the social service staff person, who was not available because she worked only a maximum of nine hours weekly. (Beginning in September, 1988 this position was expanded to 35 hours per week.)

All five teen mothers interviewed were single parents and had participated in their STPC program for from six to sixteen months. Except for one teen, who had graduated after nine months, all were current participants. One teen had been enrolled for six months, one for ten months, another 11 months, and one 16 months.

Target Population The primary target population for these programs is teen parents in need of social services and child care in order to continue school or work. Consumer characteristics vary by geographic location and demographics, but the focus is on the high-risk teen-ager. Interviews indicate that some participants have histories of aggression, physical and sexual abuse, emotional and physical neglect, depression, and substance abuse. Homelessness, hunger, and poverty have been

recurrent critical problems for some. Incidents of battering by husbands, boyfriends, and children's fathers have been reported. While some teen mothers have histories of poor academic performance, others enjoy school and value education. Some teen parents interviewed spoke of returning to school after recognizing the importance of a high school education in the adult world.

Typically, teen parents are considered a high risk group in need of prenatal care, counseling, advocacy, information/referral services, parenting education, educational services, vocational counseling, and child development training. Each provider has a unique approach to meeting these needs of the teen parent(s) and the child(ren). Some programs serve adolescent parents of both sexes; others serve teen mothers only. Some providers serve mothers thirteen and older, others focus only on older teens. Some programs provide birth control information and counseling.

STPC programs also target the children of adolescents because of the social, medical, and economic consequences associated with children of teen-age parents. Medical statistics indicate that babies born to teenagers are at greater risk of premature birth, low birthweight, and infant mortality. Many pregnant teens lack the knowledge of or financial means to obtain adequate and timely prenatal care. In addition, studies show that children in these households are at greater risk of living in poverty as a result of the mother's single parenthood and limited education.

Client Profile Teens interviewed cited similar reasons for enrolling:

- wanting to finish their education;
- needing assistance with parenting; and
- desiring support and encouragement to organize their lives.

In one instance, a teen mother had dropped out of vocational school for three years but returned when the teen parenting program began. Three of the five respondents were enrolled in public school; one had recently finished a G.E.D. program and was preparing for the exam; and the fifth teen was in a work training program.

Three of the five mothers were originally introduced to the program through a professional referral (Guidance Counselor, Social Worker, or Health Clinic staff). The remaining two learned about the teen parenting program through relatives or people within their community.

All but one of the five teen mothers interviewed had one child. The fifth teen mother (who at 21 had three children under four years old) had her two youngest children enrolled in the day care program. Children attending STPC day care programs ranged in age from three months to 27 months.

Living situations varied--three mothers lived with parents (hers or the child's father's); one with a roommate; and one only with her three children. None of the children's fathers were involved in the program. Three teens mentioned that the child's father was still involved with his child(ren).

II. PROGRAM HISTORIES, PHILOSOPHIES, AND GOALS

History

Great Brook Valley Comprehensive Child Care Services, Inc. (GBVCC) operates Teen Care, a day care program at Burncoat High School in Worcester with supportive services to young parents, both mothers and fathers, who want to remain in school. Jointly administered by GBVCC and the Worcester School Department, this school-based program began serving 20 pregnant and parenting teens in May of 1986 in response to the high teen birthrate and dropout rate. GBVCC created the child care and teen support program. Worcester Public Schools provided space, approximately \$90,000 in renovations and startup funding, and transportation.

Health Information Referral Service, Inc. (HIRS), a community based non-profit agency begun in 1973, is the parent organization of the Young Parents program, funded by DSS since February, 1983. As a result of a community-wide effort which focused on concern for teen parents, Sunshine Space/Teen Day Care Center was developed and opened in September, 1987. Located in Marlborough High School, the program serves five towns: Marlborough, Westborough, Northborough, Southborough, and Hudson.

The Community Adolescent Resource and Education (Care) Center, sponsored by nine funding sources, began in 1986 to provide multiple services (prenatal care, educational, child care, parent support) to pregnant and parenting teens from one centralized site. Situated on the grounds of Holyoke Hospital and located across the street from Holyoke High School, it offers bilingual/bicultural educational and social services to teenagers and young adults, ages 14 to 22, who have dropped out of school.

The South Shore Educational Collaborative, serving eight communities, operates a center-based Teen Parents' Program in Scituate in a former public school building which houses the teens' classroom, staff offices, and a day care center. Surrounding school systems lend their support and cooperation to assist pregnant and parenting students who wish to complete high school, obtain a G.E.D., or receive vocational training. Beginning in April, 1987, the Collaborative ran a three-day a week program through June. A five-week summer program was implemented in 1988 with the day care center open four weekdays.

Family Day Care, Inc. of Brookline is a family day care system with several ancillary programs, one of which is the Teen

Parent Support Program. It offers day care as well as parenting skills training, support groups, family life education, field trips, and access to other community resources.

Cambridge/Somerville Catholic Charities began offering a comprehensive social services and family day care program (ALPHA) for adolescents and their children in August, 1987. Using a collaborative approach, the Somerville School Department, Catholic Charities, Somerbridge Program, Adult and Family Counseling, the Catholic Charities Day Care Program, and Somerville Hospital work jointly to respond to adolescent parents within the Cambridge and Somerville communities.

Program Philosophy

Philosophically all of the programs work on the same two basic goals:

1. To provide support to teen parents in order to strengthen their parenting skills and to enable them to complete school, enter the workforce, and/or continue employment. Providing a supportive environment for the adolescent mother enables her to develop a heightened level of self-confidence and improved parenting skills. Specific individual goals for the teen mother might include school enrollment or completion, work toward a G.E.D. (General Equivalency Diploma), ESL (English as a Second Language), vocational training, employment, family planning, and parenting support. The reduction of dependence on welfare and other support programs, as well as an increased likelihood that the adolescent will be able to provide a stable, healthy environment for her children are also goals.
2. To provide a safe, nurturing day care environment which will offer positive experiences so that children can grow and thrive. The major emphasis of the day care component is to meet the specific physical, emotional, social, and cognitive needs for each individual infant and toddler. All day care programs must meet the licensing requirements of the Office For Children or be an OFC-registered Family Day Care home.

Social Service Goals

In general, all six programs emphasize teen-specific programmatic goals.

Short-term goals might include

- helping a teen establish a routine for her child;
- applying for AFDC; and
- obtaining a job.

Long-term goals might include:

- completing a high school education;
- earning a G.E.D.;
- seeking vocational training;
- obtaining a college degree;
- career planning; and
- acquiring parenting skills.

Service outcome measures for teen parents are more variable. Four programs use specific timeframes to encourage teen mothers to achieve individual service goals. Of the two remaining programs, one emphasizes one major long-term goal of independence, the other focuses mainly on educational goal-setting.

Day Care Goals

All six programs stated the same basic goal of normal child development for all infants and toddlers. Developmental assessments are completed by all the providers at various regular intervals.

Program Modifications

Five of the six programs began operating within the past two years: two in 1986 and three in 1987. One program began accepting consumers in 1982.

Due to the short time in which five of the six programs have been operating, they are still evolving and modifying their structure. Changes made during these first years include:

- expansion of one part-time Adolescent Counselor to full-time;
- addition of a Social Worker for daily crisis intervention with teen parents;
- expansion of the number of family day care provider homes from one to three;
- accepting G.E.D. candidates, thereby increasing the number of eligible teens;
- resolving transportation problems by purchasing a car and hiring a driver, or by leasing a van to pick up and drop off teens and children; and
- adding a summer component to a school-based program (which also planned to expand weekly day care services during the academic year from three to four days).

Funding Sources

Because of the array of services offered and the collaborative efforts involved, STPC programs are usually funded by other sources in addition to DSS. The following is the breakdown of services funded by DSS for the six programs involved in this study:

- Day care only (3 programs)
- Day care plus part-time Outreach Worker
- Day care plus van and driver, part-time Social Worker and partial funding for the Young Parents Program Coordinator
- Day care plus 5% of Director's salary, part-time Teen Parent Coordinator, transportation for three teen parents, parent support group and two hours per month of consultation services.

Other funding sources, both public and private, are sought by providers to enable them to provide further outreach within communities they serve and increase availability of their current

services. These sources include:

- United Way;
- Department of Public Welfare;
- Teen Challenge Fund;
- City-funded grants ;
- Housing Authority;
- Public Schools;
- New England Telephone;
- foundation and community grants; and
- private donations.

III. POLICIES AND PROCEDURES

Eligibility

Eligibility criteria for teen mothers are quite similar among providers. Age-eligibility criteria among programs ranges from 13 to 22 years. All but one of the programs accept mothers thirteen and fourteen years of age. The exception requires a minimum age of 15, but considers consumers through the age of 21 and provides day care services until a child enters kindergarten.

While all providers accept age-appropriate consumers enrolled in high school, not all accept full-time working mothers or students enrolled in vocational training programs. Teens enrolled in G.E.D. programs can be excluded from some teen parenting programs. One program required referrals from the school department. In one program, teens are expected to adhere to a behavioral contract which stipulates a 20-hour-a-week summer job. Only two of the six programs had income eligibility criteria.

Four of the six programs enroll, at any given time, up to 15 parents using Department of Public Welfare Employment and Training (ET/CHOICES) day care vouchers. One program accepts a maximum of two children with vouchers annually while another accepts up to 12.

Intake/Orientation

Prior to acceptance into a STPC program, a teen attends an intake meeting to explain the general purpose and expectations of the program. Frequently teens receive written materials on program operation. One teen could not recall receiving materials, although the program has a Handbook specifically for teen parents entering the program.

Each teen mother attends a parent orientation session when she is officially enrolled in the program. All teen respondents indicate that they derived some benefit from their attendance at this meeting. Orientation provided teens with a detailed explanation of program rules, policies, parental responsibilities, sometimes a building tour and introductions.

Service Planning

Case management and service planning responsibilities are generally undertaken by social service and/or day care staff. All but one of the social service staffs participated in regular, ongoing service planning for teen parents. Irregular case management and service need assessment occurred in this program because of lack of available staff. A formal service plan was initiated only if the teen encountered problems within the first 30 days after intake. To strengthen the social work component, this program intends to create a new Social Worker position in the Fall of 1988. A formalized regimen of home visits, in addition to family assessments, is required of providers. All six programs conduct at least some home visits. Two out of five social service staffs at these programs were also involved in service planning for children of these teens.

Four of the six day care respondents were involved in service plan review and reassessment for teens and children at varying time intervals. At five sites, day care staff have the opportunity to observe daily, informal interaction between the teen parent and her child(ren). In one of these five, teen parents are held fully accountable for supervision of their child(ren) while the teen is at the child's day care classroom. At the sixth site, an annual conference is scheduled between the teen parent and day care provider to review progress.

Capacity

Although the number of DSS-funded STPC slots in each program ranges from six to 53 (see Table 1), the majority of day care programs are small. With the exception of one program, most programs contract for from 6 to 13 slots; the 53 contracted slots are distributed among 45 FDC homes. Children in center-based care frequently were in play groups of nine or less. All Administrative Directors reported that day care slots do not remain empty.

Average length of stay varied among programs from six months to three years. Length of program enrollment depends, to some degree, on the academic level and motivation of participating teens. Obtaining an equivalency diploma typically involves a shorter time commitment than completion of a mainstream education (minimum 9 month academic year). Aside from educational status, length of enrollment varies for the following reasons:

- pregnancy vs. parenting status of teens;
- mother's age at intake;
- child's age;
- avoidance of subsequent pregnancies;
- the labor market; and
- independence from AFDC.

Teens drop out of STPC programs because of life crises and problematic issues over housing, finances, relationships, and family supports.

Program Policies

The two programs which were administered a modified interview were not questioned about their written policies and procedures. Of the four remaining programs, the majority had established procedural documentation on accepting a referral, intake, assessment, service planning and termination, progress reviews, and transportation. Only one program lacked written policies on accepting a referral, service termination, and transportation.

Medical Procedures

Medical care and emergency treatment procedures are critical for program operation. Signed medical consent forms and immunization records are required when a teen parent family enters the program. When a child becomes ill, the mother is contacted and is responsible for taking the child home. In four programs, when a serious injury occurs the mother is notified immediately and is thereafter responsible for the child. In the fifth program, staff respond by bringing the child directly to the hospital for emergency medical treatment. The teen parent is expected to promptly meet the child and staff person at the hospital.

Participant Rules

Clear, consistent guidelines are essential in providing structure for teens learning responsibility, according to five Administrative Directors. One of these Directors explained that program rules help counter the chaos so prevalent in the lives of these teenagers, by making teens feel safe, in control of their lives, and able to care for themselves. Another Director commented that if a teen could not make a commitment to attend classes and abide by program rules, then the slot should be vacated for a more appropriate referral. The sixth Director thought that the effectiveness of the rules depended upon the individual teen involved.

Written rules are distributed to teen parents in four programs. Discussions between staff and teen at intake or orientation typically clarify and emphasize program rules. This is especially important in establishing a sense of structure for each teen entering the program. It enables each teen an equal opportunity to successfully integrate into the program.

- Attendance

Regular full-time attendance by the parent and child is expected by all providers. For one program, if an absence is unexcused, a two-week probation results. Another program permits a maximum of three consecutive absences without an explanation; after this the teen may be asked to leave the program.

- Tardiness

Most programs require that the teen parent call if she expects to be late. Tardiness is considered by one program as an unexcused absence and late arrivals are not admitted for the day. One program documents the phone call. At another program, a penalty fee can be collected for tardiness.

- Transportation

Specific rules have been developed for the use of taxis, and most programs adhere to them rigorously. Pick-up waiting times range from two minutes to a maximum of five minutes. In one program, if a parent is ill and fails to cancel the taxi, her taxi privileges can be terminated.

Infractions of individual contracts can result in a warning, probation, suspension, or termination at three programs. Non-payment of day care fees, a "poor attitude", and missing written excuses for absences can initiate a warning letter in one program. To avoid being placed on a 30-day probationary period, the teen must make significant improvement. For some of these programs, individual contracts must be renegotiated in order for the teen to remain an active program participant.

IV. PROGRAM STRUCTURE AND ORGANIZATION

Role of Parent Organization

According to administrative staff, the advantages of being part of a larger organization include:

- financial security;
- administrative support;
- resource availability;
- day care advocacy; and
- contract development.

One Program Coordinator stated that the STPC program could not function without the parent agency. Generally, the parent agency improved the quality of service delivery because it offered additional resources, (e.g., in-service training, professional expertise, supervision, counseling, use of hospital facilities.) Two parent organizations operated other related programs in addition to the STPC programs. One operated another day care program and the other served emotionally disturbed adolescents in an alternative school setting, and operated a Teen Parent Program. The only negative aspect noted was the bureaucratic constraints placed on one STPC program by its parent organization.

Staffing Patterns

Minority staff recruitment seems consistent with the ethnic composition of the consumer population for each program. Of the four programs questioned on staffing patterns, three programs had been successful in hiring black staff members, and the other felt that their staff reflected its predominantly bicultural/bilingual consumer population. The latter program had 50% Spanish-speaking staff and the other three programs had been successful hiring Spanish-speaking staff. Spanish-speaking staff were therefore available at all four programs. Other minorities were rarely represented except for one program with an Asian staff person. Only two programs had written Affirmative Action

Plans available.

Day Care Teaching Staff

Day Care staff interviewed at the six program sites have worked for the program for varying lengths of time ranging from eight months to three years. (One person had worked for the agency for two years prior to program startup).

Staff reported diverse educational backgrounds:

- two were Licensed Practical Nurses;
- two others were pursuing Associate's degrees;
- one had earned a Bachelor's degree in Education; and
- one was pursuing a graduate degree in Early Childhood Education.

Most had worked with preschool children, three as family day care providers with infants, toddlers, and preschoolers. One staff person had worked a total of 20 years in large and small day care settings; for the past eight years she had been the Director of Day Care.

Two day care staffs have dual functions. In one program, the Head Teacher/Day Care Director has teaching responsibility as well as responsibility for supervising two teachers and two teaching aides; in the other, both supervisory and child care responsibilities are also expected of a day care teacher. In a third program, two Day Care Teachers and three Assistants handle up to 12 children in one classroom. The fourth program has three family day care staff: two Head Teacher-certified providers and one who has completed FDC training.

Social Services Staff

Three of the five social service staff interviewed hold a minimum of a Bachelor's degree in a related field - Psychology, Social Work, and Human Service Management. One of these respondents, who had worked as a DSS Social Worker for two years, is presently enrolled in a Master's level program. The fourth staff person is a Registered Nurse, while the fifth has not yet completed all the course requirements for a Bachelor's degree; she has five years experience working with pregnant teens in an Advisor/Counselor capacity.

Four of the five respondents had previous direct work experience with adolescents, filling a variety of different professional positions such as Health Counselor, Case Manager, Family Service Worker, Psychiatric Nurse, and Foster Parent. One person interviewed had a 20 year work history in the nursing field, of which three years were spent as a Psychiatric Nurse working with adolescents. For one staff person, this was her first professional full-time job after earning her Bachelor's degree.

All five teen mothers interviewed indicated that a social service staff person was assigned as a primary contact for help with problems. For example, counselors help with parenting and personal issues, scheduling of medical appointments, child nutri-

tion, legal assistance, housing, and obtaining day care (for older children or for post-STPC day care).

Staff Orientation

Generally, agencies include staff orientation as a means of establishing and maintaining quality service delivery. When five of the six interviewed day care staff began working, they received an orientation covering the program, its goals, objectives, policies, and procedures. One of these five described an extensive orientation covering nutrition, fine/gross motor development, safety, fire drills, emergencies, and space planning. An orientation was not considered necessary for the sixth staff person because she was involved in planning and development of the program.

Two programs conducted staff orientation for social service staff. Information presented in one of these two programs included an overview of the agency and program, written policies, procedures, and visits to other adolescent services programs. The three other social service staff had a prior association with the program - as a volunteer or in a different job capacity - so a formal orientation was viewed as unnecessary.

Staff Training

Staff training varies among service providers depending on service type, number of staff, and experience. One program required an intensive, five-week family day care provider training (minimum 66 classroom hours plus 18 internship hours) covering topics such as: child development, discipline, nutrition, health and safety, music/art play, and the warning signs of child abuse and neglect. Another provider had three days of annual in-service training.

Ongoing, in-service training occurs at all programs, and all but one day care staff reported that a minimum number of training hours were required.

Four out of five social service staff indicated that they receive ongoing in-service training. In one instance, the parent organization provided educational workshops several hours a month on relevant issues (e.g. AIDS, cultural perspective, alcoholism). The fifth person interviewed felt it was a major weakness of the agency that no ongoing in-service training was available.

Supervision

All but one social service staff person stated that they received regular ongoing supervision. Due in part to the small size of the program, the fifth person received supervision on a more informal basis than may be necessary in programs with larger staffs. However, with new staff being hired, supervision was expected to be formalized and ongoing. For the four staff receiving formal supervision, three had individual and one had weekly group supervision which included two other staff.

(Individual supervision was available for this person on an as needed basis). Individual supervision occurs once a week for three of the respondents.

All day care staff believed that their supervision was adequate. Weekly individual supervision took place for four of the six day care staff interviewed. At the fifth program, a staff person received monthly individual supervision and also had a weekly staff meeting and monthly day care team meeting with the Day Care Coordinator, who is her immediate supervisor. In the sixth program, the family day care provider attended monthly meetings with program administrators and other providers.

Job Satisfaction

Social service staff emphasized a variety of rewards gained from the job, such as:

- seeing children make a positive adjustment to and thrive in day care;
- watching teen mothers grow to become productive adults; and
- assisting teens in achieving their personal goals.

Similar job satisfactions relating directly to consumers were stressed by day care staff:

- gauging developmental progress of teen mother and child, seeing child's achievements (first steps, words, etc.);
- assisting with high quality infant/toddler care;
- being a role model;
- helping prevent unwanted pregnancies;
- establishing a good rapport with mother and child;
- working with an excellent, dedicated teaching staff;
- obtaining OFC licensing for the day care center;
- interacting with various groups--infants, teens and agencies.

Staff were also asked about aspects of their jobs which were dissatisfying. Two of them emphasized similar dissatisfactions with services available to the target population:

- general lack of adolescent services (birth control, prenatal care, counseling); and
- scarcity of resources (affordable low-income housing, lack of money/low-income family).

Three day care staff expressed general frustration in dealing with teen mothers and providing direct services to adolescents. They felt that adolescents were unpredictable, inconsistent, difficult to understand, and inappropriate in their parenting.

One social service staff expressed concern that her office was not physically situated in the same building as the day care

center. As a result, she was not readily accessible to teen parents, children, and day care staff. She felt that teens often do not make the connection between the two program components, causing some "splitting" or fragmentation between consumers, day care, and social service professionals.

V. COORDINATION AND COLLABORATION

Coordination with DSS

All social service program staff communicate, in some capacity, with DSS. Four people remarked that a positive relationship existed. Complaints of unreturned phone calls, poor information sharing of case record materials (e.g. clinical assessments and developmental screening reports), and service coordination, in general, were mentioned by the fifth staff person. Open communication, specific communication times, and sharing of clinical information would enhance the relationship between DSS and the programs, according to two respondents. The other staff person felt that DSS has a negative image for most teen parents because it is associated with 51A reports, protective investigations, and case review meetings during crises. She implied a need to offer more adolescent services to teen parents to encourage more positive interactions between teen parents and DSS. Limited contact occurs between two day care staff and DSS. In one instance this contact is case-related; in the other it relates to billing and fees. Of these two staff, one felt DSS should visit the day care center.

Internal Coordination

While all social service staff communicate with the teen parents' day care providers, there is a great deal of variation in the intensity of these relationships. Informal, daily, verbal communication occurs in some programs, whereas it is less frequent, and sometimes more formal, in others. Although there was general satisfaction among social service staff regarding communication, day care staff were less satisfied and had several suggestions regarding enhancement. Suggestions were offered concerning:

- punctuality at meetings;
- the logistical difficulties of day care staff participation in staff meetings; and
- the need for more formalized, bimonthly meetings.

VI. PROGRAM SERVICES

Case Management: Teens

Each program has organized a unique case management system to determine the service needs of teen mothers. Two factors which determine the intensity and timeliness of the case management system are the on-site availability of staff, and staff functions and qualifications. In three programs a single person has the primary case management responsibility with titles that include Adolescent Counselor, Nurse/Counselor, and Case Manager.

A multi-disciplinary approach is used in the fourth program where collaboration occurs between four staff (Case Manager; Outreach Counselor; Skills Developer; Day Care Teacher), although the Case Manager assumes the leading role in counseling, crisis intervention, service referral, and coordination. Both the Case Manager and Outreach Worker share intake responsibilities; home visits are assigned to the Outreach Counselor and the Case Manager makes referrals and coordinates needed services. In this program, the Day Care teacher is assigned to assess the child's progress. Sharing of consumer information among staff responsible for different program components generally enhances service delivery.

Case Management: Child(ren)

Although the day care program component is child centered, it is difficult to determine from interview responses to what extent the individualized service needs of children are formally and routinely assessed. While day care standards require that contracted programs conduct regular developmental and medical assessments on each child, the interview format did not clarify the exact nature of these assessments. In one school-based program, staff conferred with community professionals in the Early Intervention Program through the Department of Mental Health to obtain developmental assessments; a family day care program, presently completing in-house assessments, has similar plans for expanded assessments by obtaining services from the Early Intervention Program. Another family day care program consults with professionals from Project Mattapan, a program primarily designed to reduce infant mortality in the community. Whether or not Project Mattapan actually supplies developmental assessments for this STPC program is unclear. More information should be acquired on the extent in which outside consultants conduct developmental assessments in lieu of or in addition to assessments conducted by program staff.

Case management for children is not always perceived to be distinct from case management for their teen parents. Some programs underscore the mother's role in being ultimately responsible for their child's health, behavioral growth, and developmental progress. This philosophical approach relies upon the enhancement of the teen mother's confidence level and her ability to meet her child's needs. Other programs adhere to a more formalized delivery system where individualized service plans are completed for the mother and the child.

Questions arose as to who is directly responsible for the child's case management. All programs appear to assign a primary caregiver to help nurture each child. However, this person is not necessarily the assigned case manager. Three day care staff have responsibilities regarding the development of service plans for children. To keep day care staff abreast of the physical and behavioral needs of all children, most programs maintain written logs with entries regarding general health, medicines, feeding and sleeping patterns, atypical behaviors, and progress. Additionally, two social service staff have input into service planning for children.

Individual/Group Counseling

All but one STPC program provided individual or group counseling services for teen mothers. A combination of individual and group counseling was available for three teens interviewed, either directly from the program or indirectly. Group counseling took several forms:

- a weekly on-site mother's support group;
- a moms and tots discussion/play group;
- "standard" group counseling.

Only individual counseling was available to the fourth teen interviewed, who believed she could also benefit from couples counseling. Another teen felt a need for more frequent support group meetings and weekly individual counseling.

Educational Services

Educational services vary according to the type of program model. Logistically, it is easier for school-based models to offer a comprehensive array of academic programs (e.g. on-grounds school, alternative school, vocational school, G.E.D., or tutoring). Based in a school, these STPC programs tend to establish strong ties to educational personnel, reinforce school policies, and offer mainstream classes. The logistics of coordinating with educational services are more difficult, to some degree, in family day care models. Nevertheless, only one program, a family day care model, did not offer students the opportunity to select an alternative educational program. Nor did it offer educational counseling. One center-based program, which was specifically created to reflect the cultural diversity of its surrounding communities, developed a bilingual alternative school program. Students could enroll in one of two G.E.D. programs, Spanish or English, or participate in an English as a Second Language class.

Three teen respondents were enrolled in public school (and planned to return following summer vacation), one in a G.E.D. program, and one in an Employment Training/Choices program. Two of the three attending public school were also working: one was a Money Transfer Clerk at bank, the other pressed shirts for a local dry cleaner.

Parenting Education/Skills Development

Many providers mentioned the need for teen parents to empower themselves, learn suitable baby care, and learn how to respond appropriately to their children's needs. Given the histories of abuse and neglect of these adolescents, providers hope to break the generational cycle of child abuse and/or neglect and improve environmental outcomes for these children. All administrators indicated that parenting education was available; a fact verified by all the teen parents interviewed. The teens interviewed attended training on: 1) infant/toddler growth and development; 2) feeding and bathing of infants/toddlers; and 3) health and nutritional concerns (fetus/infant/child). Four of the five teens interviewed had received training in how to get medical help for their children.

Most day care staff stressed the potentially positive impact of their providing strong parenting role models. Four teen mothers applied techniques learned at day care at home (e.g., how to deal with tantrums, sibling rivalry, and hitting other children). Medical care of a child (e.g., learning to take a temperature, giving medicines, caring for a sick baby) had been very beneficial for the fifth mother.

Life Skills Training

Serious concerns regarding unplanned pregnancies, sexually transmitted diseases, depression, substance abuse, poverty, poor housing, as well as adolescent immaturity, have led programs to concentrate efforts on providing Daily Life Skills Training. Introducing teens to information regarding decision making, values clarification, career development, job hunting, money and time management, financial/housing/legal assistance, family planning, stress reduction, and using community resources helps to insure that teens have access to optimal service delivery.

The choice of a life skills course is determined by the teen parent's personal situation. Four out of the five teens interviewed participated in each of the following:

- career development;
- using community resources;
- housing assistance; and
- family planning.

Three teens went to courses on financial assistance, job hunting, and stress reduction. Other courses which were attended included money management, time management, and legal assistance. All teen respondents derived some benefit from life skills courses; one teen passed along interviewing information to her boyfriend who was looking for a job. Two teens expressed a need for and interest in a budgeting course.

A family planning curriculum can aid in the prevention of unplanned pregnancies, and five of these STPC programs offered family planning services. It is important to note that four of the five teens interviewed had received information and/or counseling in this area.

Transportation

The majority of programs provide transportation services, either directly or indirectly, to teen parents and their children. Only one Administrator, of a family day care model, acknowledged that the program was unable to offer any form of transportation. The teen mother in this program used public transportation. Two of the teens interviewed relied on taxis, one on a program van, and the other drove herself. Due to the inconvenience and safety problems of using taxis with infants and small children, one program anticipated leasing a van in the future. Of the three programs who were asked about the impact of transportation on program effectiveness, all stressed that it was of critical importance.

Additional Service Needs

Several teens mentioned that physical, speech, and language therapy were not available. In one instance, a teen mother mentioned that she needed individual assistance with budgeting.

According to one social service staff person, a major service gap existed because the program did not address the parenting role of the father. Viewing this as a serious flaw, she proposed that the provider broaden the intent of the program by including husbands, biological fathers and boyfriends in counseling and other facets of the program. She believed that the mother's progress was affected by social relationships, particularly with the "significant others" in her life.

In order to dispel the negative image of DSS held by the teen mothers in her program, one social service staff person wanted to see DSS sponsor recreational and social activities for teen families. She felt this would have positive results.

In an attempt to further ensure better infant care, one social service staff person expressed a desire to see each child undergo an infant/toddler developmental assessment. Assessment would be the responsibility of the program social worker while the day care staff would record ongoing, daily observations.

Teens Views On Program Services

All of the teen mothers interviewed were satisfied with the services they were receiving and with their schedule for receiving those services. Additionally, all teens were satisfied with their provider's hours of operation. Each felt she was welcome to observe or participate in her child's day care program. Four mothers visited the day care daily. While the fifth mother had participated in the program for 16 months, she had visited her child in day care only once.

Two teens said that, in their individual cases, no home services were warranted. Three of the five mothers confirmed receiving at-home services. One mother received services from the Visiting Nurses Association (VNA) and the Department of Public Welfare (AFDC), and two received home visits through the day care program. In one instance, home visits were scheduled by day care providers on an as-needed basis. In the other case, the

program initiated weekly visits for pregnant teens and biweekly postpartum. When the baby of this teen contracted pneumonia, she received a VNA home visit.

Day Care Staff Views of Program Services

There was general agreement among four day care staff regarding the value of STPC programs. References were made to STPC programs being long overdue, a high consumer demand with long waiting lists, some averaging as high as 20, the need for expansion of existing programs, and development of new STPC programs. Two staff cited the need for additional program monies to be specifically used for supplies and transportation. Another person mentioned the need for a more reliable and efficient transportation system.

Social Services Staff Views of Program Services

Social service staff expressed numerous concerns. Some of these concerns are external to the program, such as the significant lack of affordable housing for teen mothers, lack of child care resources within the community, and prevalence of abuse. Homelessness appears to be a critical problem among this population. Other staff concerns are internal, such as the need to hire a social work consultant, unreasonable expectations put on teen mothers, ongoing need for meetings with day care staff, and need for consistent in-service staff training.

VI SUMMARY

This evaluation sampled six DSS contracted Services for Teen Parents and their Children programs, representing school-based, center-based, and family day care models in four of the six DSS regions. The sample also represented programs which were originally day care and those which were originally teen parent programs. The number of DSS-funded STPC slots per program ranged from six to fifty-three. Interviews with Administrators, Social Service and Day Care staff, and Teen Parent program participants were intended to obtain an overview of the programs, their components, and the perceptions and concerns of those interviewed.

- All of the programs have the same basic goals: to support teen parents, enabling them to learn parenting skills, complete high school and successfully enter the workforce; and to provide a safe and nurturing day care environment for their infants and toddlers. Specific goals are teen- and child-specific. All but one program conducted formal service planning for all consumers; this one program had plans to increase its staff in order to improve its social work component.

- The teens who were interviewed had been in the program for from six months to three years. The length of time that a teen parent remains enrolled depends on a number of variables, ranging from the mother's age at time of enrollment, to housing, financial, or relationship crises. Three teens were enrolled in

public school, one in a G.E.D. program, and one in an Employment and Training program. Two of the public school students were also working. While enrolled, all teen parents and their children are expected to attend full-time, and clear rules regarding absenteeism and tardiness are set forth by all programs. All but one of these parents had one child; the fifth had three. Three of the five were referred to the program through a professional referral; the other two heard about the program through friends or family. None of the fathers were involved with the program, although three of them were involved with their children.

All of the teens indicated that they were satisfied with the services which they were receiving and the scheduling of both their own and their children's program. Several teens mentioned an additional need for physical, speech, and language therapy. One felt that she could benefit from couples counseling; another felt a need for more frequent support group meetings.

- The day care and social service staff all had or were pursuing a minimum of Associate's Degrees. Not surprisingly, the day care staff gained most of its work experience with young children; the social service staff had backgrounds working with adolescents. All programs provide in-service training, although one of the programs does so only for day care staff. All staff receive individual and/or group supervision, and all felt that their supervision was adequate. Staff reported that their greatest job satisfaction came from seeing the successes of the teens in reaching their goals, in seeing the children thrive in day care, in working with high quality, dedicated staff, and serving as positive role models. Some of their dissatisfactions included frustration with the lack of services and resources available to adolescents, difficulty in dealing with adolescents, and concerns about accessibility due to the location of the office. One staff expressed frustration at the lack of participation by fathers.

- Programs offer an array of services to the teens and their children:

- a) CASE MANAGEMENT is provided to all teen parents through systems ranging from a single person who is responsible for all case management activity to a multi-disciplinary, collaborative approach. While some of these approaches clearly include case management for the child as well as the teen parent, the findings from the interviews are less clear on precise mechanisms for case management in the day care component.
- b) Both INDIVIDUAL AND GROUP COUNSELING are provided by all but one program, which provided only individual counseling.
- c) EDUCATIONAL SERVICES are a central component of all STPC programs, however the array of services may vary according to the program model. School-based programs

can more easily and logistically deliver a more comprehensive array of academic programs due to their physical location. A Family Day Care model may have more difficulty in coordinating educational services.

- d) PARENTING EDUCATION services were available from all programs, and included, for example, child development, feeding, nutrition, and health concerns.
- e) LIFE SKILLS TRAINING was also provided by the STPC programs, and included, for example, career development, money and time management, family planning, and financial/housing/legal assistance.
- f) TRANSPORTATION services were provided directly or indirectly by the programs by taxis or vans. Only one program was unable to provide transportation; the teen interviewed from this program used public transportation. All providers who were asked about the role of transportation in the effectiveness of the program stressed its critical importance.

In general, the evaluation found the STPC staff to be enthusiastic about and dedicated to the goals of their programs. The relative newness of most of the programs has left some areas which need strengthening, but on the whole, providers plan to or have already taken steps to address them. Program participants also express satisfaction with the services provided to them, although, like several staff respondents, some feel that there are some gaps in service availability. While actual program outcomes will not be available until further evaluation has taken place, the overview provided by these interviews indicates that Services for Teen Parents and their Children programs are serving their intended target population through the delivery of an array of services which can support both the parents and children in their development and progress.

Table 1.
PROGRAMS FOR TEEN PARENTS AND THEIR CHILDREN: JUNE, 1988

PROGRAM NAME	DC SITE MODEL	DSS NEG	1 BEGAN AS	BEGAN OPERATING	NUMBER ENROLLED IN FY87:		DSS-Funded Day Care Slots	AVAILABILITY OF DAY CARE ***** hrs./day days/wk. wks./yr.		
					TEENS ²	CHILDREN				
ALPHA (Can/Son Catholic Charities)	Family	IV	C	September '87	11	8	8	10	5	52
The Care Center ^{2*}	Center	I	B	February '86	81	47	13	6	4	52
Family Day Care, Inc.	Family	IV	A	September '82	75	75	53	10	5	52
Sunshine Space (NIRS)	School	IV	B	September '87	11	13	9	8	5	52
Teen Care (GBVCC)	School	II	A	May '86	27	30	9	7	5	48
Teen Parents' Program (So. Shore Educational Collaborative)	Center	IV	C	April '87	26	18	6	6	3	35

1 Existing program types: A=Day Care program with added teen services.
B=Young Parents model with added day care program.
C=Collaborative day care/young parents model.

² Includes pregnant teens.

^{2*} Figures are for FY88.

na=Not available.

Table 2.
SERVICES AVAILABLE BY PROGRAM

SERVICE TYPE	PROGRAM NAME					
	Alpha	Care	Family Day Care	Teen Care	Teen Parents'	Sunshine Space
Parenting Education	Y	Y	Y	Y	Y	Y
Educational Counseling	Y	Y	N	Y	Y	Y
Alternative Education	Y	Y	N	2	Y	Y
Transportation	Y	Y	N	Y	22	Y
Psychological Counseling	Y	Y	N	Y	N	Y
Daily Life Skills	Y	Y	N	Y	Y	Y
Family Planning	Y	Y	N	Y	Y	Y
Vocational Training	Y	Y	N	N	N	Y
Job Counseling	Y	Y	Y	Y	N	Y
Health Care	Y	N	N	Y	N	Y
Recreational Services	Y	Y	Y	Y	Y	Y
Other:	N	Y2	Y22	N	N	N

2 All vouchers.

22 Through sending school system.

Y2 Includes outreach, home visits and meals.

Y22 Includes referrals and assessments.

KEY: Y=Yes
N=No

